City of Long Beach
DEPARTMENT OF HUMAN RESOURCES

BILINGUAL SKILL PAY AUTHORIZATION REQUEST

REQUESTING DEPARTMENT

Check Appropriate Boxes: ☐ **Initial Request**   ☐ **Change in Assignment**   ☐ **Recertification**
(A Bilingual Log must accompany all requests)

Department/Bureau/Division: _____

Employee's Name: _____ **Social Security #:** _____

Job Title: _____ **Assignment:** _____

Salary Range: _____ **Hourly Rate:** _____

Language: _____ **Skill(s) Needed:** ☐ **Oral**   ☐ **Written**

Average Hours Per Month Utilizing Skill: _____ (There are 174 work hours in a month)
It is requested that the above employee be authorized to receive bilingual skill pay for regular and frequent use of certified oral and/or written bilingual skills. A Bilingual Log is attached covering four consecutive work weeks.

Rationale for Request: _____
_____
_____
_____

Supervisor's Name _____ **Phone ext:** _____

_____   _____
Signature of Department Head or Designee   **Date**

HUMAN RESOURCES DEPARTMENT

☐ **APPROVED** - **Employee is authorized to receive bilingual skill pay provided employee is certified by the Civil Service Department and bilingual skills continue to be used in the assignment on a regular and frequent basis.**

   HR-1 effective date is _____ .

☐ **NOT APPROVED - Employee is not authorized to receive bilingual skill pay.**

   Reason: _____
   _____
   _____

_____   _____
Director of Human Resources or Designee   **Date**

CIVIL SERVICE DEPARTMENT

Oral Bilingual Skill: ☐ **Certified**   ☐ **Not Certified**   ☐ **Not Applicable**
Written Bilingual Skill: ☐ **Certified**   ☐ **Not Certified**   ☐ **Not Applicable**

_____   _____
Executive Director of Civil Service   **Date**

Verified entry in HRMS: Initials _____ **Date** _____

Original—Department Personnel File
Copy: Department of Human Resources

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BILINGUAL SKILL PAY LOG

Personnel Policy and procedures 3.2 (Skill Pay) requires employees requesting the bilingual skill pay to maintain a log of their bilingual use for four consecutive workweeks and be submitted with the Bilingual Skill Pay Authorization Request. Attach additional sheets if needed.

DATE	TIME	CUSTOMER'S NAME	PURPOSE OF CONTACT	DURATION (Minutes)

I certify that the above information is true and correct to the best of my knowledge.

_____   _____   _____
Employee Name (Print)   Employee's Signature   Date

_____   _____
Supervisor's Signature   Date